

Improving the Health of Lesbians Bisexual & Transgender Women

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Questions to Consider

- What types of challenges might a lesbian, bisexual, or transgender woman face when seeking health care?
- What is your role in addressing these challenges?
- Why is it often hard to discuss sexual orientation, sexual identity, sexual behavior, gender identity at a medical visit?
- How might systematic barriers to accessing and receiving good care be reduced for lesbians, bisexual, and transgender women?
- What specific measures can you take to promote comfort and open communication?

Objectives

- Understand the social and medical context in which lesbians, bisexual, and transgender women seek health care
- Describe major medical and psychosocial concerns in lesbian, bisexual, and transgender health
- Promote culturally competent care for lesbian, bisexual, transgender patients

Key Concepts

- Bias against lesbians, bisexual, and transgender women in medical settings reduces access to and quality of care. Medical providers can play a role in countering this effect.
- The risk factors for certain medical conditions are more prevalent for lesbians and bisexual women than heterosexual women.

Key Concepts

- An understanding of the relationship between lesbian, bisexual and transgender women and their families and communities is important to understand the sources of stress and support they encounter in their lives.
- Care must be taken to ensure that the environment and language of the medical encounter promote comfort, and project acceptance of diverse sexual orientations.

Sexual Orientation & Behavior

- Sexual orientation & sexual behavior may be variable.
- Sexual orientation & sexual behavior are NOT the same.
- Sexual orientation: self-identification based on identity, behavior, attractions, desires
- Sexual behavior: characterized by the gender of one's partners (same-sex, opposite sex, both)
- Classification based only on behavior (not identity) has often combined homosexuality & bisexuality

Sexual Orientation & Behavior

- Every provider will encounter LGBT patients
- 9.1% of men, 3.4% of women engaged in same sex behavior since puberty
- 2.8% of men, 1.4% of women self-identified as gay or lesbian
- Likely under-estimates: stigmatization and fear may prevent people from disclosing sexuality to researchers and PROVIDERS

Common Pitfalls in the Care of Lesbian, Bisexual and Transgender Women

- Heterosexuality is assumed by health care providers.
- Public financing is linked to child-bearing or pregnancy prevention in a heterosexual paradigm.
- Sexual behaviors/identity and gender expression/identity are not commonly addressed.
- Risk is assessed based on sexual orientation, not behavior.
- Substance use or mental illness is undetected.

Common Pitfalls continued

- The importance of the relationship between sexuality and community is not appreciated.
- Same-sex partners or nontraditional family members are not included in decision making.
- It is assumed that these patients are not having or planning for children.
- Confidentiality may not be addressed.

Promoting Cultural Competence

- While there are no medical issues entirely unique to lesbians, bisexual, and transgender women....
- There is much to understand about the variation in prevalence and risks, and the differing context in which problems do occur.

Access to Care

- Lack of health insurance: larger impact on health seeking behaviors of lesbians, bisexual and transgender women than heterosexual women.
- Lesbians, bisexual, and transgender women are less likely than heterosexual women to report a private doctor as their USOC
- For all groups hostile attitudes of providers, manifested as verbal intolerance
- For lesbians rough gynecologic exams, incorrect assumptions about need/use of OCPs, pregnancy

Access to Care

- Lack of health insurance: larger impact on health seeking behaviors of lesbians, bisexual and transgender women than heterosexual women.
- Public financing barriers
 - Medicaid eligibility linked to pregnancy or dependent child
 - Many basic reproductive health services linked to a need for family planning
 - Title X: Blood pressure, breast exam, pelvic exam, pap test, screen for STIs & HIV
 - FamilyPact: Blood pressure, blood tests, pap test & diagnostics, Hep B immunization, screen for STIs & HIV, breast exam, limited fertility counseling

Discrimination & Stigmatization: Homophobia in Medicine

- Survey of FP Residency Program Directors found 25% might/most certainly rank a homosexual applicant lower
- Survey of practicing physicians found 30% would oppose medical school admission for lesbians and gay men - many thought they should limit practice to pathology and radiology
- Survey of female physicians found lesbian physicians experienced 4 times more sexual orientation-based harassment

Discrimination & Stigmatization:

Patient Care

- Disclosure rates are not only low because of patient reluctance.
- Studies have found that even patients who wished to discuss their sexuality with MDs did not feel comfortable or were not given the opportunity to do so.
- Many opportunities are missed to test, treat, educate and advocate regarding medical and social problems.

Sexual Minorities among Racial/Ethnic Minorities

- Lesbian, bisexual and transgender women of racial and ethnic minorities are at elevated risk for stigmatization and discrimination.
- Social stigma poses threats to their own health and well-being
 - Victim of hate crimes
 - Participation in culturally unaccepted behaviors
 - Higher rates of suicide
 - Substance abuse

Medical & Psychiatric Issues

- Cancer
- CVD Risks
- Sexually Transmitted Infections (STDs)
- Substance Use and Abuse
- Mental Health
- Other Concerns

Breast and Ovarian Cancer: Lesbians

- Predicted increased rates of breast and ovarian cancer based on higher prevalence of proven risk factors:
 - later childbearing
 - nulliparity
 - lower OCP use
 - obesity
- Actual rates of breast and ovarian cancer among lesbians is unknown

Cardiovascular Disease Risks

- Higher smoking rates among lesbians and bisexual women
- Lesbians have higher BMI and waist to hip ratio

STDs and Sexual Risk Factors: Lesbians

- Most lesbians have had sex with men (lifetime 77-93%)
- Recent sexual contact is more common among younger women.
- Sexual contact with gay men or IVD users may be more common.
- Female-female transmission: HSV, HPV, trichomonas, bacterial vaginosis, case reports of HIV

Substance Use and Abuse

- Literature on tobacco, alcohol and substance use has been more methodologically limited
- Recent use of substances higher although ever used is similar to general population
- Levels of tobacco and substance use are higher among lesbians and bisexual women
- Higher levels of current or prior alcohol use among lesbians and bisexual women— especially younger women

Mental Health Issues

- Higher rates of mental illness, psychological distress and suicidal behavior among LGB youth
- May be a higher trend toward higher rates of psychological distress and mental health diagnoses among lesbians and gay men than heterosexuals
 - Mood (depression), anxiety and substance use appear to be most prevalent
- Similar rates of intimate partner violence as heterosexual population

Other issues

- Adolescents
 - Teen pregnancy
 - Violence
- Parenting
 - Access to fertility treatments
- Aging
 - Caretaking
 - No access to partner benefits (social security, pensions, etc)

Recommendations for Improving Care

- Communication and history taking
- Preventive health care
 - Routine advice: diet, exercise, smoking cessation
 - Cancer screening and prevention: Pap smear, mammogram, anal pap
 - Infectious disease prevention – immunizations: hepatitis A & B, Td, flu, pneumovax (as appropriate), travel vaccines

Creating a Culturally Competent Health Care Environment

- Defined set of values and principles
- Patient education and information
- Ongoing training of medical providers

Suggestions for Creating a Welcoming Physical Environment and Conveying Acceptance of LGBT Patients

- Provide LGBT informational, educational, and referral materials in waiting rooms or examination rooms.
- Display pictures or posters with LGBT themes, couples, or families on the walls.
- Provide HIV/AIDS prevention and treatment information or referrals.
Distribute free condoms
- Post a nondiscrimination statement that includes gender identity and sexual orientation in a prominent place in the clinic or office.
- Train staff to be sensitive to LGBT clients, and hire LGBT staff members.
- Advertise in LGBT media sources.
- Alter history forms and oral history taking to improve knowledge of patient sexuality and signal interest and a nonjudgmental attitude.

Sample Questions to Adapt to LGBT-Sensitive History Taking or Intake Forms

Sexual Activity

- Are you sexually active?
- Are you sexually active with men, women, or both?
- Have you ever had sex with a man (woman)?
- How many sexual partners have you had in the past year?
- How many sexual partners have you had in your lifetime?

Safe Sex, Sexually Transmitted Infections, and HIV Risks

- Do you use any safe sex methods?
- Do you have any questions about safe sex? With men, women, both?
- Have you ever had an STI? Which one(s)? When? Were you treated?
- Have you ever used injection drugs, or had sex with someone who has used injection drugs?
- Have you ever had an HIV test? When? What was the result?

Sexual Identity and Relationships

- How do you identify your sexuality (circle all that apply): lesbian, gay, bisexual, transgender, heterosexual, celibate, not sure/don't know?
- Are you currently in a relationship?
- Are you: single, significantly involved, domestic partner, married, separated, divorced?
- If you are lesbian, gay, bisexual or transgender are you “out” to: friends (all? Some?), family (all? some?), work, all of the above, none of the above?

Living Situation, Family and Children

- Do you live alone or with others? With whom?
- Do you have children?
- Are you interested in having children?

Discussion

- Questions and Comments
- Need for training regarding transgender health issues